## PART B - FEE(S) TRANSMITTAL

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maintenance fee notification	correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for							
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Fanelli Strain & I 1455 Pennsylvania Washington, DC 20	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
			(Depositor's mane) (Signature)					
							(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		first named invent	'OR	or attorn		CONFIRMATION NO.	
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nonprovisional	<del>-res-</del> NO	<del>-3733-</del> \$1510	\$300	\$0	\$1855- \$1810		04/14/2011	
EXAMINE	ER .	ART UNIT	CLASS-SUBCLASS					
STEWART, KIMBERLY ANN		1743	264-001310	,		en e		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			(1) the names of u or agents OR, alter (2) the name of a s registered attorney 2 registered natent	2. For printing on the patent front page, list  [1] the names of up to 3 registered patent attorneys or agents OR, alternatively.  [2] the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is isted, no name will be printed.				
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN EYESENSE A Please check the appropriate	an assignee is identi 137 CFR 3.11. Comp EE	fied below, no assignee letion of this form is NO	data will appear on the Tasubstitute for filing (B) RESIDENCE: (C) Basel, Switzerla	e patent. If an assig an assignment. ITY and STATE OR	COUNTR	(Y)	oup entity  Government	
4a. The following fee(s) are  Issue Fee Publication Fee (No s Advance Order - # of	mall entity discount p	tb. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed.  ☐ Payment by credit card. Form PTO-2038 is attached.  ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number ☐ (enclose an extra copy of this form).						
5. Change in Entity Status  a. Applicant claims Sl			3 b. Applicant is no	longer claiming SMA	ALL ENTI	TY status. See 37 C	FR 1.27(g)(2).	
NOTE: The Issue Fee and P interest as shown by the reco	ublication Fee (if requords of the United Sta	nired) will not be accepted tes Patent and Trademark	d from anyone other the Office.	an the applicant; a re	gistered at	tomey or agent; or t	he assignee or other party in	
Authorized Signature	Soffer!		Date <u>N</u>	<u>farch l</u>	4, 2011			
Typed or printed name _	Jeffrey K. Mi		Registration	No. 50	6,413			
This collection of informatic an application. Confidential: submitting the completed at this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	opincation form to the sfor reducing this but inia 22313-1450. DC 1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR operations are required to re-	e Chief Information O COMPLETED FORM	Micer, U.S. Patent and TO THIS ADDRES	J Tradema SS. SEND	on the amount of the hirk Office, U.S. Dep TO: Commissioner	for Patents, P.O. Box 1450	